

FISCAL YEAR 2013

EMPG STATEMENT OF WORK & CUMULATIVE PROGRESS REPORT

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|---|---------------------|-------------|-----------------------|-------------|
| APPLICANT NAME (Jurisdiction): Collin County | | | | |
| Document | Submitted By | Date | TDEM Review By | Date |
| Statement of Work | Kelley Stone | 12/11/12 | | |
| Progress Report #1 | | | | |
| Progress Report #2 | | | | |

| TASK 1—WORK PLAN & SEMIANNUAL PROGRESS REPORT | |
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| <input checked="" type="checkbox"/> Work Plan | Our jurisdiction will submit an EMPG Application, two Progress Reports, and four Quarterly Financial Reports Our jurisdiction has appointed a NIMSCAST point of contact, established a NIMSCAST account, and is 100% compliant with FY 2009 NIMSCAST objectives and metrics |
| <input type="checkbox"/> Progress Report #1 | <input type="checkbox"/> This Progress Report # 1 is being submitted to the TDEM Preparedness Section <input type="checkbox"/> First & Second Quarter Financial Reports have been submitted to TDEM Support Services |
| <input type="checkbox"/> Progress Report #2 | <input type="checkbox"/> This Progress Report # 2 is being submitted to the TDEM Preparedness Section <input type="checkbox"/> Third & Fourth Quarter Financial Reports have been submitted to TDEM Support Services |

| TASK 2—LEGAL AUTHORITIES FOR EMERGENCY MANAGEMENT PROGRAM | |
|---|---|
| <input checked="" type="checkbox"/> Work Plan | Our jurisdiction will maintain current legal documents establishing our emergency management program <input checked="" type="checkbox"/> Our NIMSCAST account is 100% compliant with all objectives and metrics <input checked="" type="checkbox"/> Our TRRN registration completed and resources entered <input checked="" type="checkbox"/> Our legal documents are current & on file with TDEM; no additional action is required <input type="checkbox"/> Our jurisdiction will prepare or update & submit to TDEM: <input type="checkbox"/> Commissioner's Court Order # <input type="checkbox"/> City Ordinance(s) for: <input type="checkbox"/> Updated Joint Resolution dated: <input type="checkbox"/> NIMS Adoption dated: |
| <input type="checkbox"/> Progress Report #1 October 1 – March 31 | <input type="checkbox"/> Our NIMSCAST account is 100% compliant with all objectives and metrics <input type="checkbox"/> Our TRRN registration completed and resources entered <input type="checkbox"/> Our legal documents are current & on file with TDEM, no additional action is required <input type="checkbox"/> Our jurisdiction completed & submitted to TDEM: <input type="checkbox"/> Commissioner's Court Order # <input type="checkbox"/> City Ordinance(s) for: <input type="checkbox"/> Updated Joint Resolution dated: <input type="checkbox"/> NIMS Adoption dated: |
| <input type="checkbox"/> Progress Report #2 April 1- September 30 | <input type="checkbox"/> Our NIMSCAST account is 100% compliant with all objectives and metrics <input type="checkbox"/> Our TRRN registration completed and resources entered <input type="checkbox"/> Our legal documents are current & on file with TDEM, no additional action is required <input type="checkbox"/> Our jurisdiction completed & submitted to TDEM: <input type="checkbox"/> Commissioner's Court Order # <input type="checkbox"/> City Ordinance(s) for: <input type="checkbox"/> Updated Joint Resolution dated: <input type="checkbox"/> NIMS Adoption dated: |

| TASK 3—PUBLIC EDUCATION/INFORMATION | |
|--|--|
| <input checked="" type="checkbox"/> Work Plan | <input type="checkbox"/> Option 1: Our jurisdiction will conduct 30 hours of hazard awareness activities for local citizens – OR A COMBINATION OF – <input checked="" type="checkbox"/> Option 2: Our jurisdiction will prepare & distribute public education/information materials to a <u>substantial portion</u> of the community. In the space below, describe the materials to be distributed : Know What To Do Public Education Campaign Materials, funded By The Metro Urban Area Security Initiative <p style="text-align: center;">**You may provide a combination of both options.</p> |
| <input type="checkbox"/> Progress Report #1 October 1 – March 31 | <input type="checkbox"/> Our jurisdiction completed the following hazard awareness and/or public education/information activities: <input type="checkbox"/> No Task 3 progress was made this report period. |
| <input type="checkbox"/> Progress Report #2 April 1 – September 30 | <input type="checkbox"/> Our jurisdiction completed the following hazard awareness and/or public education/information activities: <input type="checkbox"/> No Task 3 progress was made this report period. |
| TASK 4—EMERGENCY MANAGEMENT PLANNING DOCUMENTS | |
| <input checked="" type="checkbox"/> Work Plan | <input type="checkbox"/> Our jurisdiction reviewed our emergency management plan & annexes for currency and NIMS compliance <input checked="" type="checkbox"/> Our emergency management plan and all annexes are current and NIMS compliant <input type="checkbox"/> We will develop, update, or change these planning documents: <input type="checkbox"/> Basic Plan Annexes: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> Other documents: <p>NOTE: Plans & annexes dated prior to September 30, 2008 must be revised or updated this year. All Plans and Annexes must be NIMS compliant.</p> |
| <input type="checkbox"/> Progress Report #1 October 1 – March 31 | <input type="checkbox"/> Our jurisdiction reviewed our emergency management plan & annexes for currency and NIMS compliance <input type="checkbox"/> Our emergency management plan and all annexes are current and NIMS compliant <input type="checkbox"/> We updated by revision or change these planning documents: <input type="checkbox"/> Basic Plan Annexes: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> Other documents: |
| <input type="checkbox"/> Progress Report #2 April 1 – September 30 | <input type="checkbox"/> Our jurisdiction reviewed our emergency management plan & annexes for currency and NIMS compliance <input type="checkbox"/> Our emergency management plan and all annexes are current and NIMS compliant <input type="checkbox"/> We updated by revision or change these planning documents: <input type="checkbox"/> Basic Plan Annexes: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> Other documents: |

TASK 5— TEP, NOTIFICATION AND EXERCISE PARTICIPATION

| | |
|---|--|
| <input checked="" type="checkbox"/> Work Plan | <p>Training and Exercise Plan</p> <p>Each jurisdiction must develop and submit a multi-year Training and Exercise Plan (TEP), not less than three years, to the TDEM Exercise Unit @ TDEM.EXERCISES@dps.texas.gov .</p> <p>Each jurisdiction must submit the Pre-Exercise Notification Form to the TDEM Exercise Unit not less than 45 days prior to a planned exercise event.</p> <p>Each jurisdiction must submit an After Action Report (AAR) and Improvement Plan (IP) for a minimum of two (2) discussion-based exercises and one (1) operations-based exercise. All AARs/IPs all exercise activities to the TDEM Exercise unit not more than 45 days after the conclusion of the exercise.</p> <p><u>.Real world events are currently allowed.</u></p> <p>NOTE: A Full-Scale exercise must be conducted every three (3) years.</p> |
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REQUIRED EXERCISE SCHEDULE

| Performance Period | Exercise Type | Exercise Name & Exercise Date | Quarter of Year |
|---|---|------------------------------------|--|
| Fiscal Year 2013 (October 1, 2012 - September 30, 2013) | <input checked="" type="checkbox"/> Discussion Based | TBD, 3 rd Quarter, 2013 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 |
| | <input checked="" type="checkbox"/> Discussion Based | TBD, 4 th Quarter, 2013 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 |
| | <input checked="" type="checkbox"/> Operational Based | EOC Exercise, March 2013 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| | <input type="checkbox"/> Real World Event | | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| | <input checked="" type="checkbox"/> Full Scale | REGEX Black Rain, April 2013 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 |

Our last Full-Scale exercise was conducted on (date): 5/5/2012

| | | | | | | | | | | | | | |
|--|---|---------------------------|------------------------|------------------------|--|----------------------|----------------------|----------------------|------------------------|--|--|--|--|
| <input type="checkbox"/> Progress Report #1 October 1 – March 31 | <p>We conducted the following exercises and provided documentation to TDEM:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name of Submitter:</td> <td colspan="2" style="padding: 2px;">Date submitted:</td> </tr> <tr> <td style="width: 25%; padding: 2px;">Exercise Type</td> <td style="width: 25%; padding: 2px;">Exercise Name</td> <td style="width: 25%; padding: 2px;">Exercise Date</td> <td style="width: 25%; padding: 2px;">EMPG Funded Y/N</td> </tr> <tr> <td style="padding: 2px;"> <input type="checkbox"/> Discussion <input type="checkbox"/> Discussion <input type="checkbox"/> Operation <input type="checkbox"/> Real World Event <input type="checkbox"/> Full Scale </td> <td colspan="3" style="height: 40px;"></td> </tr> </table> <p> <input type="checkbox"/> Our jurisdiction completed NO exercise and did not request credit for an real world event <input type="checkbox"/> Exercise approved documentation attached </p> | Name of Submitter: | | Date submitted: | | Exercise Type | Exercise Name | Exercise Date | EMPG Funded Y/N | <input type="checkbox"/> Discussion <input type="checkbox"/> Discussion <input type="checkbox"/> Operation <input type="checkbox"/> Real World Event <input type="checkbox"/> Full Scale | | | |
| Name of Submitter: | | Date submitted: | | | | | | | | | | | |
| Exercise Type | Exercise Name | Exercise Date | EMPG Funded Y/N | | | | | | | | | | |
| <input type="checkbox"/> Discussion <input type="checkbox"/> Discussion <input type="checkbox"/> Operation <input type="checkbox"/> Real World Event <input type="checkbox"/> Full Scale | | | | | | | | | | | | | |
| <input type="checkbox"/> Progress Report #2 April 1 – September 30 | <p>We conducted the following exercises and provided documentation to TDEM:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name of Submitter:</td> <td colspan="2" style="padding: 2px;">Date Submitted</td> </tr> <tr> <td style="width: 25%; padding: 2px;">Exercise Type</td> <td style="width: 25%; padding: 2px;">Exercise Name</td> <td style="width: 25%; padding: 2px;">Exercise Date</td> <td style="width: 25%; padding: 2px;">EMPG Funded Y/N</td> </tr> <tr> <td style="padding: 2px;"> <input type="checkbox"/> Discussion <input type="checkbox"/> Discussion <input type="checkbox"/> Operation <input type="checkbox"/> Real World Event <input type="checkbox"/> Full Scale </td> <td colspan="3" style="height: 40px;"></td> </tr> </table> <p> <input type="checkbox"/> Our jurisdiction completed NO exercise and did not request credit for an real world event <input type="checkbox"/> Exercise approved documentation attached </p> | Name of Submitter: | | Date Submitted | | Exercise Type | Exercise Name | Exercise Date | EMPG Funded Y/N | <input type="checkbox"/> Discussion <input type="checkbox"/> Discussion <input type="checkbox"/> Operation <input type="checkbox"/> Real World Event <input type="checkbox"/> Full Scale | | | |
| Name of Submitter: | | Date Submitted | | | | | | | | | | | |
| Exercise Type | Exercise Name | Exercise Date | EMPG Funded Y/N | | | | | | | | | | |
| <input type="checkbox"/> Discussion <input type="checkbox"/> Discussion <input type="checkbox"/> Operation <input type="checkbox"/> Real World Event <input type="checkbox"/> Full Scale | | | | | | | | | | | | | |

| TASK 6—TRAINING FOR EMERGENCY MANAGEMENT PERSONNEL | | |
|--|---|--|
| <input checked="" type="checkbox"/> Work Plan | ALL EMPG-funded emergency management personnel will participate in the following training during FY 2013: | |
| | Position & Name | Course Name or Number |
| | Asst. EMC/Jason Lane | FEMA IS-21.12 |
| | Asst. EMC/Jason Lane | FEMA IS-42 |
| | Asst. EMC/Jason Lane | FEMA IS-201 |
| | Asst. EMC/Jason Lane | FEMA IS-559 |
| <input type="checkbox"/> Progress Report #1 October 1 – March 31 | Emergency management personnel completed the following training <i>and documentation is attached</i> : | |
| | Position & Name | Course Name or Number Date Completed |
| | | |
| | <input type="checkbox"/> No training took place this report period. | |
| <input type="checkbox"/> Progress Report #2 April 1 – September 30 | Emergency management personnel completed the following training <i>and documentation is attached</i> : | |
| | Position & Name | Course Name or Number Date Completed |
| | | |
| | <input type="checkbox"/> No training took place this progress report period. | |

| TASK 7—EMERGENCY MANAGEMENT TRAINING FOR OTHER PERSONNEL | | | | |
|--|--|---|--------------|-------------------------------|
| <input checked="" type="checkbox"/> Work Plan | | Our jurisdiction will conduct or arrange emergency management related training for elected officials, other local officials, & support agencies. | | |
| <input type="checkbox"/> Progress Report #1 October 1 – March 31 | | The following formal training courses were taught or contracted: | | |
| | | Date | Course Title | Class Description # Trained |
| | | | | |
| <input type="checkbox"/> No training took place this progress report period. | | | | |
| <input type="checkbox"/> Progress Report #2 April 1 – September 30 | | The following formal training courses were taught or contracted: | | |
| | | Date | Course Title | Class Description # Trained |
| | | | | |
| <input type="checkbox"/> No training took place this progress report period. | | | | |
| TASK 8—EMERGENCY MANAGEMENT ORGANIZATIONAL DEVELOPMENT | | | | |
| <input checked="" type="checkbox"/> Work Plan | | Our jurisdiction will participate in the following emergency management organizational development activities: Texas Homeland Security Conference | | |
| <input type="checkbox"/> Progress Report #1 October 1 – March 31 | | Our jurisdiction completed the following staff development activities: | | |
| <input type="checkbox"/> Progress Report #2 April 1 – September 30 | | Our jurisdiction completed the following staff development activities: | | |

APPLICANT NAME:

REMARKS
(Use an Additional Sheet if Necessary)